

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



Private

MMA Legal
43 – 59 Princess Street
Stockport
SK1 1RY

Date: 18th May 2026
Your Ref: 100819
Our Ref: LAT/ACCESS/LB
Enquiries to: Lorna
Direct Line: 0141 201 1644
Email: Lorna.Bower@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

Patient James Patterson D.O.B 26.7.1966

Thank you for your request received in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

Beatson/ Queen Elizabeth University Hospital

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

- | | | |
|-------------------------------------|--------------------------|------------------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | |
| ACS | <input type="checkbox"/> | |
| BEATSON HOSPITAL | <input type="checkbox"/> | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | |
| DENTAL HOSPITAL | <input type="checkbox"/> | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | |
| INVERCLYDE ROYAL HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| WEST AMBULATORY CARE HOSPITAL | <input type="checkbox"/> | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | |
| <u>Including:</u> | | |
| BADGERNET | <input type="checkbox"/> | |
| CAREVUE | <input type="checkbox"/> | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | |
| METAVISION | <input type="checkbox"/> | |
| PHYSIOTHERAPY | <input type="checkbox"/> | |
| RADIOLOGY | <input type="checkbox"/> | |
| WEST MARC | <input type="checkbox"/> | |
| LABS | <input type="checkbox"/> | |

HEAD AND NECK MANAGED CLINICAL NETWORK SUMMARY OF PRESENTATION OF CASE

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Regional South Head and Neck MDT

Meeting Date	12-12-2025 0800
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Patient Demographics

Name:	James Patterson	DOB:	26/07/1966	CHI:	2607663393
Post Code:	KA8 0QW	GP Practice:	80109	GP Name:	FARRELL, SIMON

Referral Details

Referring Clinician	Ewen Thomson	Responsible Clinician	Ewen Thomson	Referring Hospital	Crosshouse Hospital
Referral Reason	Review - further investigations	Pathology Review Requested	Yes	Radiology Review Requested	Yes

Patient Awareness:	Yes	Must Score	Score 0 (low risk)	Smoking Status	
Alcohol		Alcohol Units		Domicile	Lives with partner/family
Performance Status	0	Fitness for Intervention	Yes	Rockwood Frailty Score	1
Height (Cm)		Weight (kg)		BMI	
CT Performed	Yes	MRI Performed	Yes	PET CT Performed	No
Other Test Performed	No	Other Test (Specify)		Dentate	Yes – OPG performed

Information submitted to allow MDT Discussion

Presentation Summary
Ulcerated lesion on bridge of nose

Past Medical History

Previous MI	Not Recorded	Previous CVA	Not Recorded	Diabetes	Not Recorded
CKD Stage 3	Not Recorded	Heart Failure	Not Recorded	Breathless At Rest	Not Recorded
Previous Cancer	Not Recorded	Previous Chemotherapy	Not Recorded	Previous Radiotherapy	Not Recorded

Other Past Medical History and Surgical History
Keeps well generally

Review Comments

Pathology Comments
(Full pathology can be obtained via usual eHealth systems. These are additional comments noted at MDT)

Radiology Comments (This is a radiology review report. It is strongly advised that this report is interpreted in conjunction with the original radiology report for this examination, which may have been performed at another hospital.)

MDT Outcome

Final Tumour Site	Final Tumour Type	Final Tumour Grade
Nasal Cavity		
P16 Status	HPV Status	EBV ISH
PDL1 CPS		

Final T	Final N	Final M	Cancer Stage Grouping
T4a	NO	MO	

Outcome of MDT Review
Oncology review to assess for adjuvant treatment. Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient Declined To Receive Active Treatment	Immediate Treatment Intent	Ongoing Management to be undertaken by
No	Curative	Oncology

Referral Recommendations		
CNS: Yes	Dietitian: No	SLT: No
ERAS: No	Restorative Dentistry: No	Offered Referral To Smoking Cessation:
Palliative Care: No	Trial Eligibility: No	Clinical Trial:

HEAD AND NECK MANAGED CLINICAL NETWORK SUMMARY OF PRESENTATION OF CASE

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Regional South Head and Neck MDT

Meeting Date	14-11-2025 0800
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Patient Demographics

Name:	James Patterson	DOB:	26/07/1966	CHI:	2607663393
Post Code:	KA8 0QW	GP Practice:	80109	GP Name:	Farrell, Simon

Referral Details

Referring Clinician	Ewen Thomson	Responsible Clinician	Ewen Thomson	Referring Hospital	Crosshouse Hospital
Referral Reason	Review - post-surgery	Pathology Review Requested	Yes	Radiology Review Requested	Yes

Patient Awareness:	Yes	Must Score	Score 0 (low risk)	Smoking Status	
Alcohol		Alcohol Units		Domicile	Lives with partner/family
Performance Status	0	Fitness for Intervention	Yes	Rockwood Frailty Score	1
Height (Cm)		Weight (kg)		BMI	
CT Performed	Yes	MRI Performed	Yes	PET CT Performed	
Other Test Performed	No	Other Test (Specify)		Dentate	Yes – OPG performed

Information submitted to allow MDT Discussion

Presentation Summary
Ulcerated lesion on nasal bridge infiltrating into cheek bilaterally

Past Medical History

Previous MI	Not Recorded	Previous CVA	Not Recorded	Diabetes	Not Recorded
CKD Stage 3	Not Recorded	Heart Failure	Not Recorded	Breathless At Rest	Not Recorded
Previous Cancer	Not Recorded	Previous Chemotherapy	Not Recorded	Previous Radiotherapy	Not Recorded

Other Past Medical History and Surgical History
Keeps well generally

Review Comments

Pathology Comments
(Full pathology can be obtained via usual eHealth systems. These are additional comments noted at MDT)
Sinonasal adenocarcinoma pT4a N0

Radiology Comments

(This is a radiology review report. It is strongly advised that this report is interpreted in conjunction with the original radiology report for this examination, which may have been performed at another hospital.)

MDT Outcome

Final Tumour Site	Final Tumour Type	Final Tumour Grade
Nasal Cavity		
P16 Status	HPV Status	EBV ISH
PDL1 CPS		

Final T	Final N	Final M	Cancer Stage Grouping
T4a	NO	MO	

Outcome of MDT Review

Sinonasal adenosquamous carcinoma. Consider marginal excisions and then adjuvant radiotherapy.

CNS: Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient Declined To Receive Active Treatment	Immediate Treatment Intent	Ongoing Management to be undertaken by
No	Curative	OMFS

Referral Recommendations

CNS: Yes	Dietitian: No	SLT: No
ERAS: No	Restorative Dentistry: No	Offered Referral To Smoking Cessation:
Palliative Care: No	Trial Eligibility: No	Clinical Trial:

HEAD AND NECK MANAGED CLINICAL NETWORK SUMMARY OF PRESENTATION OF CASE

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Regional South Head and Neck MDT

Meeting Date	26-09-2025 0800
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Patient Demographics

Name:	James Patterson	DOB:	26/07/1966	CHI:	2607663393
Post Code:	KAB 0QW	GP Practice:	80109	GP Name:	FARRELL, SIMON

Referral Details

Referring Clinician	Ewen Thomson	Responsible Clinician	Ewen Thomson	Referring Hospital	Crosshouse Hospital
Referral Reason	Review - further investigations	Pathology Review Requested	Yes	Radiology Review Requested	Yes

Patient Awareness:	Yes	Must Score	Score 0 (low risk)	Smoking Status	
Alcohol		Alcohol Units		Domicile	Lives with partner/family
Performance Status	0	Fitness for Intervention	Yes	Rockwood Frailty Score	1
Height (Cm)		Weight (kg)		BMI	
CT Performed	Yes	MRI Performed		PET CT Performed	Yes
Other Test Performed	Yes	Other Test (Specify)	US neck	Dentate	Yes – OPG performed

Information submitted to allow MDT Discussion

Presentation Summary
Destructive lesion on dorsum of nose

Past Medical History

Previous MI	Not Recorded	Previous CVA	Not Recorded	Diabetes	Not Recorded
CKD Stage 3	Not Recorded	Heart Failure	Not Recorded	Breathless At Rest	Not Recorded
Previous Cancer	Not Recorded	Previous Chemotherapy	Not Recorded	Previous Radiotherapy	Not Recorded

Other Past Medical History and Surgical History
Keeps well generally

Review Comments

Pathology Comments
(Full pathology can be obtained via usual eHealth systems. These are additional comments noted at MDT)

Radiology Comments:

(This is a radiology review report. It is strongly advised that this report is interpreted in conjunction with the original radiology report for this examination, which may have been performed at another hospital.)

MDT Outcome

Final Tumour Site	Final Tumour Type	Final Tumour Grade
Nasal Cavity	HPV-related multiphenotypic sinonasal carcinoma	
P16 Status Positive	HPV Status Positive 16	EBV ISH
PDL1 CPS		

Final T	Final N	Final M	Cancer Stage Grouping
T4a	NO	M0	

Outcome of MDT Review

For primary surgery - rhinectomy, bilateral neck dissections and prosthesis, anticipating adjuvant radiotherapy. MDT supports MRI pre op if time allows.

CNS: Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient Declined To Receive Active Treatment	Immediate Treatment Intent	Ongoing Management to be undertaken by
No	Curative	OMFS

Referral Recommendations

CNS: Yes	Dietitian: No	SLT: No
ERAS: No	Restorative Dentistry: Yes	Offered Referral To Smoking Cessation:
Palliative Care: No	Trial Eligibility: No	Clinical Trial:

MDT Patient Summary

Regional Skin Cancer MDT



CHI: 2607663393

Patient: JAMES PATTERSON

DOB: 26/07/1966

Definitive Diagnosis:

Date of Definitive Diagnosis:

Preliminary Diagnosis:

Date of Preliminary Diagnosis:

Type:

WHO/ECOG:

Grade At Diagnosis		
Grading Date:	Grade Type:	Grade:

TNM				
Staging Date	T	N	M	Comments

Clinical Notes

Lesion on bridge of nose. Started a year ago as a red spot. Initially managed as inflammatory/cystic lesion. Pathology very difficult – differential includes mucoepidermoid (MAML2 negative) and NUT tumour. No significant comorbidities

MDT Details	Referral Notes	Meeting Notes

05/08/2025

Regional Skin Cancer MDT

Thomson Ewen

Imaging and Pathology review

Radiology- Imaging to define local lesion and any evidence of metastatic disease.

Pathology- Pathology very difficult to characterise.
? management.

Radiology

CT Head 17.07.25 & CT Abdo/Pelvis 17.07.2025- No intracranial or subdiaphragmatic metastatic disease.

CTG Neck/Chest 16.06.25- Soft tissue thickening and focal area of ulceration involving the nasal bridge just left of the midline as explained above. Malignancy would need to be ruled out. The differential also includes an inflammatory process. If malignancy is proven, there is no evidence of local lymphadenopathy or distant metastasis. Please note that there is no evidence of naso-pharyngeal tumour.

Radiology review at MDT
Indeterminate right level 2 node - U/S guided biopsy suggested

Pathology
Pathology awaited

Plan/Recommendation
Awaiting pathology. U/S guided biopsy on right level 2 neck node (key image on CT)

HEAD AND NECK MANAGED CLINICAL NETWORK SUMMARY OF PRESENTATION OF CASE

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Regional South Head and Neck MDT

Meeting Date	01-08-2025 0800
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Patient Demographics

Name:	JAMES PATTERSON	DOB:	26/07/1966	CHI:	2607663393
Post Code:	KAB 0QW	GP Practice:	80109	GP Name:	FARRELL, SIMON

Referral Details

Referring Clinician	Ewen Thomson	Responsible Clinician	Ewen Thomson	Referring Hospital	Crosshouse Hospital
Referral Reason	Initial referral for treatment planning	Pathology Review Requested	Yes	Radiology Review Requested	Yes

Patient Awareness:	Yes	Must Score	Score 0 (low risk)	Smoking Status	
Alcohol		Alcohol Units		Domicile	Lives with partner/family
Performance Status	0	Fitness for Intervention	Yes	Rockwood Frailty Score	1
Height (Cm)		Weight (kg)		BMI	
CT Performed	Yes	MRI Performed	No	PET CT Performed	No
Other Test Performed	No	Other Test (Specify)		Dentate	Yes – OPG required

Information submitted to allow MDT Discussion

Presentation Summary
Longstanding history of lesion on bridge of nose. Started as a red spot a year ago. Referred initially as infected sebaceous cyst. Pathology has been very hard to define.

Past Medical History

Previous MI	Not Recorded	Previous CVA	Not Recorded	Diabetes	Not Recorded
CKD Stage 3	Not Recorded	Heart Failure	Not Recorded	Breathless At Rest	Not Recorded
Previous Cancer	Not Recorded	Previous Chemotherapy	Not Recorded	Previous Radiotherapy	Not Recorded

Other Past Medical History and Surgical History
Keeps well generally

Review Comments

Pathology Comments
(Full pathology can be obtained via usual eHealth systems. These are additional comments noted at MDT)

Radiology Comments

(This is a radiology review report. It is strongly advised that this report is interpreted in conjunction with the original radiology report for this examination, which may have been performed at another hospital.)

MDT Outcome

Final Tumour Site	Final Tumour Type	Final Tumour Grade
Ill-Defined Site (C76.0)		
P16 Status	HPV Status	EBV ISH
PDL1 CPS		

Final T	Final N	Final M	Cancer Stage Grouping

Outcome of MDT Review

Awaiting further Glasgow pathology review and for further imaging. Rediscuss.
 CNS: Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient Declined To Receive Active Treatment	Immediate Treatment Intent	Ongoing Management to be undertaken by
No	Pending	OMFS

Referral Recommendations

CNS: Yes	Dietitian: No	SLT: No
ERAS: No	Restorative Dentistry: No	Offered Referral To Smoking Cessation:
Palliative Care: No	Trial Eligibility: No	Clinical Trial:

Previous Patient Notes for Clinical Oncology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Outpatient Note
Date/Time: 17-Mar-2026 11:46	Created By: Reg Nurse - Julie Tyczynski	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
<p>Note:</p> <p>post treatment call</p> <p>Spoke with James he was bright and chatty during call states he has been managing very well since completion of treatment has follow up in place with A+A CNS team this week (Friday)</p> <p>Eating has improved, so far today he has managed 1x roll with sausage and beans, 1x jar of mussels, 2x ONS. Reports good fluid intake. He is aiming for 4 ONS daily</p> <p>He feels skin toxicities are improving no breaks to skin reported continues applying flamigel</p> <p>Reports OM also improving, remains vigilant with oral hygiene routine. Cleaning mouth frequently through the day and overnight. Wakes due to dry mouth but coping well with this</p> <p>Eye toxicities improving discomfort and discharge has reduced. Has been review by ophthalmology he said he initially found the consultant distressing as he had "had been reviewed by a junior doctor who told him the cancer may have spread to his eyes biopsy would be needed" he asked to speak to a senior medic for a second opinion who reassured him eye issues were due to RT.</p> <p>no questions or concerns raised today contact details reinforced, safety net advice given</p>		

Patient Note		Outpatient Note
Date/Time: 11-Mar-2026 10:51	Created By: CNS - Frances Campbell	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
<p>Note:</p> <p>OTA clinic 30/30# OM WHO grade 2 Skin RTOG grade 2a weight 90.2Kgs</p> <p>James reports this past week has been more of a struggle. Irritation to eyes persists - advised is impact of RT. Both eyes red & sore, James reports feeling as though he has a stye on L-eye lid. Has been using chloramphenicol drops x1 QDS to both eyes along with regular eye baths - feels both have been helpful, further px for chloramphenicol supplied. Dr Schipani updated, ? whether James would benefit from review with ophthalmology.</p> <p>Continues to struggle with oral intake but has been attempting solids - struggled with a bread roll. Not taking regular analgesia but reports pain & dysguesia barriers to intake. Advice re softer options and optimising calorie intake reinforced. James has been taking ONS x2 daily as supplied to try last week &</p>		

finds these have been beneficial, for full assessment with dietitian today. Advised to take regular analgesia, timing same prior to oral intake to optimise pain management. Supply paracetamol 1G QDS provided.

Oral care reviewed, oral candidas persists. Px for fluconazole 100mgs OD to pharmacy, James confirms to soaking dentures BD in Milton & changing toothbrush. Using GelX with some benefit - struggling with OM to inner lips - irritation for teeth - suggested applying GelX neat to this area to see if helpful. Applying zerobase to lips, further supply provided. James also reports he has chipped a tooth - states has contacted dentist at Crosshouse to ask for early review but has not heard back - advised would highlight to CNS team at Crosshouse & ask them to liaise with dental dept.

Continues with flamigel to treatment area - erythema but skin dry & intact. Advised to use flamigel until finished & then continue with simple moisturiser such as zerobase.

Delayed effects of treatment discussed, After Rt information booklet supplied.

Agreeable to post treatment telephone review, appointed for 17/3/26.

Referred to CNS team at Crosshouse for local follow up and continued care - James has appointment for review next week.

BWoSCC contact details reinforced, encouraged to call with any queries/concerns.

Patient Note		Outpatient Note
Date/Time: 04-Mar-2026 12:44	Created By: CNS - Frances Campbell	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
<p>Note:</p> <p>OTA clinic 25/30# OM WHO grade 2 Skin RTOG grade 2a weight 90.7Kgs</p> <p>James reports this week has been much the same as last. Struggling with diet due to dysgeusia. Tolerating softer diet orally but reduced amounts, taking custards, yoghurts, trifles, Weetabix, cheese savoury, salad. Declined to wait for dietetic review today, supply of ONS provided, advised to take x2 daily in addition to oral diet, encouraged to continue with small & often, FF options. Drinks approx. 3 pints water daily.</p> <p>Reports pain management much improved & hasn't taken any analgesia for past couple of days. Found co codamol to be beneficial last week, aware can restart his x2 tabs QDS as required.</p> <p>Oral care reviewed, slight coating persists, continues with fluconazole 50mgs OD - further 1/52 left. Soaking dentures BD with Milton, advised to renew toothbrush.</p> <p>Eyes inflamed, sticky in mornings & excessive watering during day. Advised RT will be causing some irritation. Px supplied for chloramphenicol eye drops x1 QDS - James prefers to collect this tomorrow rather than wait today.</p> <p>Contact details reinforced, encouraged to call with any queries/concerns. Review OTA 1/52.</p>		

Patient Note		Outpatient Note
Date/Time: 25-Feb-2026 14:34	Created By: CNS - Frances Campbell	Role: Nurse - GGC

Specialty: Clinical Oncology

Organisation:

Sensitive

Note:

OTA clinic
20/30#
OM WHO grade 2
Skin RTOG grade 2a
weight 93.4Kgs - stable

James starting to struggle with the effects of treatment. Dysgeusia & pain main issues today.

James reports eating less than normal, was surprised at no weight loss, reports everything tastes "like cardboard". Currently managing soups, Weetabix, fruits. No longer tolerating large meals. Suggested small amounts high calorie intake often rather than attempting large meal. Advised FF yoghurts, custard/rice pudding pots, trifles. Addition of cheese/butter, increased intake of FF milk. Encouraged to look on food as medicine, acknowledged little pleasure will be gained from eating at present but reinforced importance of maintaining adequate intake to keep weight stable. Referred to dietitian for review next week.

Pain management suboptimal, states has been taking paracetamol 1G QDS. Advised stop paracetamol, commence co codamol 30/500 x2 tabs QDS, lactulose 10ml BD also prescribed, rationale for same discussed. Advice given on timing of analgesia prior to oral intake, rationale discussed.

Oral care reviewed, slight coating to tongue persists, further 2/52 course fluconazole 50mgs OD prescribed - James prefers capsules to liquid preparation. Report mouth feeling dry particularly during RT session. States drinking 2 litres fluid daily. Already has oralive spray - doesn't find particularly helpful. Oral balance gel supplied to try. Large ulcer to inner upper lip being irritated by teeth. James has GelX but not using as dislikes - suggested applying this directly onto ulcerated area to use as a barrier between OM & teeth. Lips also feeling dry, zerobase supplied, advised to apply.

Brisk erythema in RT field, irritation on application of flamigel denied - states using 4-5 x daily. Advised to also apply zerobase in between times to see if any additional benefit from same. No breaks to skin evident.

c/o increased crusting & dryness to nasal area secretions, some blood when attempting to clear - advised increase use of nebulised saline to soften secretions & reduce force required to expel.

James aware to collect ox from pharmacy after RT today.
Contact details reinforced, encouraged to call with any queries/concerns.
Review OTA 1/52.

Patient Note

Date/Time: 18-Feb-2026 11:17

Created By: Reg Nurse - Julie Tyczynski

Outpatient Note

Role: Nurse - GGC

Specialty: Clinical Oncology

Organisation:

Sensitive

Note:

14/30#
OM WHO Grade 1
Skin RTOG 2a
weight 93.4kg

James said he is struggling with dysgeusia finding food choices difficult due to lack of enjoyment, no pain or discomfort when eating has discontinued paracetamol. OM improved ulceration to lips now resolved, tongue remains coated although there has been an improvement since last week advised to complete fluconazole course he has another 8 days to take

eating foods such as rolls with cold meat, kebabs and stew encouraged to switch to soft moist diet if this becomes difficult

last week James had reported crusting to eyes states this had been worse in the mornings he feels this has now improved had been prescribed chloronphenicol eye drops last week

prosthesis removed nasal cavity clean; no bleeding or pain reported. Independently cleaning nasal cavity BD

applying flamigel BD encouraged to increase this to TDS, zerobase supplied for lips

James asked if it is necessary to attend final 3# RT as he has been offered a job abroad. Reinforced the importance of attending all # and avoiding gaps in treatment rational for this explained

did not require any prescriptions today

contact details reinforced, strong safety net advice given

Patient Note		Outpatient Note
Date/Time: 16-Feb-2026 09:04	Created By: Reg Nurse - Julie Tyczynski	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
Note:		
added to telephone list in error should attend weekly face to face reviews		

Patient Note		Outpatient Note
Date/Time: 11-Feb-2026 13:45	Created By: Reg Nurse - Julie Tyczynski	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
Note:		
10/30# OM WHO Grade 2 Skin RTOG 2a weight 93.5kg		
James said he had been feeling unwell for a few days states this had been flu missed treatment due to this. Importance of attending RT daily discussed. Encouraged to attend weekly reviews		
No issues with pain at this time using paracetamol 1g QDS feels this is optimal. Further prescription for this given		
Collected neb today encouraged to use this with mask minimum QDS rational for use given - prescription for saline completed.		
bowels moving regularly		
applying flamigel TDS, zerobase supplied for dry lips OM brisk, ulceration to top lip and tongue. Discussed oral hygiene routine, has gel x advised to use 3 sprays TDS approx. 1 hour pre meals. Oral thrush noted today fluconazole 50 mg 145 days prescribed.		

"Looking after your mouth" info leaflet given. Advice re cleaning dentures and toothbrush given

continues to manage normal diet and fluids at this time finding taste changes difficult to navigate feels frustrated with this - listening ear given

Yesterdays intake: bacon + egg roll, 6 chicken dippers, 2 x roll with cold meat + soup, mars bar, grapes managing over 2L fluids daily

James reports eyes are sticky and uncomfortable, prescription for chloramphenicol (5 days) given

contact details reinforced, strong safety net advice given

Patient Note		Remote Consultation
Date/Time: 09-Feb-2026 09:34	Created By: CNS - Frances Campbell	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
Note: Contact number received from treatment room - asked radiographers to update on ARIA, number saved to Trakcare. Telephone review 9/30# James advised he would not be attending for RT again today, states cold symptoms improving but nose still feeling blocked and feels will be unable to tolerate lying flat for radiotherapy again today but intends to attend tomorrow. Advised 2# missed already & that unscheduled gaps will impact on efficacy of treatment, strongly encouraged to attend today. Suggested nebuliser could be used immediately prior to RT to see if any benefit from same. James stated this was attempted last week & he was still unable to manage. Importance of attempting RT reinforced, James became annoyed, stated he has already called and cancelled RT for today. Importance of avoiding further gaps reinforced, James stated he will attend for RT tomorrow.		

Patient Note		Remote Consultation
Date/Time: 09-Feb-2026 09:12	Created By: CNS - Frances Campbell	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
Note: Scheduled for telephone review. Updated telephone number not recorded. Further email to treatment room to enquire if correct contact details have been obtained. Note from ARIA James DNA for 2# at end of last week.		

Patient Note		Outpatient Note
Date/Time: 02-Feb-2026 09:33	Created By: Reg Nurse - Julie Tyczynski	Role: Nurse - GGC
Specialty: Clinical Oncology	Organisation:	Sensitive
Note:		

telephone assessment - unable to contact James as contact details listed on trak, portal and aria are incorrect. Emailed treatment room to ask if they can take up to date contact details from James.

James did not attend OTA last week, he should attend for face to face review this week

Patient Note	Created By: CNS - Frances Campbell	Outpatient Note
Date/Time: 28-Jan-2026 13:07	Organisation:	Role: Nurse - GGC
Specialty: Clinical Oncology		Sensitive
Note:		
<p>OTA clinic 3/30# Radiographer advised James declined to attend review clinic - had a dental appointment to attend. James had confirmed receipt of information pack with radiographer. Review 1/52.</p>		

Patient Note	Created By: Reg Nurse - Julie Tyczynski	Outpatient Note
Date/Time: 19-Jan-2026 12:29	Organisation:	Role: Nurse - GGC
Specialty: Clinical Oncology		Sensitive
Note:		
<p>pre treatment telephone call - incomplete number listed on Trak, portal and aria, unable to call James</p> <p>T4aN0 sinonasal adenosquamous ca plan for adj RT start date 26/1/26</p> <p>Information leaflets, contact details and flamigel will be provided on start date of RT. CNS team will meet with James at OTA during 1st week of RT</p>		

Previous Patient Notes for Dietetics (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		Outpatient Note
Date/Time: 13-Mar-2026 09:44	Created By: Specialist Dietitian - Claire armstrong1	Role: AHP - GGC
Specialty: Dietetics	Organisation:	Sensitive
Note:		
<p>Written in retrospect from 11/03/26 Integration Seen at OTA clinic, completes 30/30# adjuvant XRT today. CNS reports pt struggling this wk with irritation to eyes as a result of XRT, using chloramphenicol drops with regular eye baths, Dr Schipani updated, ? for ophthalmology. Struggling with pain & dysgeusia, not taking analgesia regularly, advised to take regular Paracetamol prior to attempting oral intake. Oral thrush persists, continue Fluconazole. wt loss minimal 0.5kg throughout treatment. Ref due to decline in oral intake, provided trial of ONS at clinic last wk & managing well with these, pt reports struggling with pain, taste, dryness of food, really only managing ONS past few days but hopeful if thrush improves may manage to tolerate food again, discussed ensuring soft/ liquid textures for ease as admits yesterday attempted 1/2 a roll & 'really struggled', encouraged with energy dense/high protein choices, & agreed continue ONS at present to ensure meeting nutritional requirements for recovery period as managing these without issue. As last day of XRT today agreed plan as below & that I will ask RD at Crosshouse to R/V next wk when returns to clinic there to R/V intake & determine volume of ONS required ongoing, pt happy with this plan.</p>		
<p>Aim Aim to maintain weight/ nutritional status to aid healing/ recovery post treatment. Aim to meet full nutritional requirements via oral diet with ONS to meet nutritional deficit.</p>		
<p>Plan/ Subgoals Agreed plan: - soft/ liquidised energy dense diet as able, encouraged with sm regular meals & snacks, additional sauces with meals for ease of swallowing, food fortification ideas, provided 'Easier to Eat Nourishing Diet' & Liquidised Nourishing Diet' written info for reference - 3-4 x Ensure Plus/ day orally (300-1200kcal, 37.5-50g protein)- 1/52 supply provided</p>		
<p>Monitoring/ Review period Will email Irene Peacock, RD at Crosshouse, to transfer duty of care as pt now completed treatment at BWoSCC. Duty of care closed at BWoSCC.</p>		

Previous Patient Notes for Medical Oncology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note	Created By: Therapeutic Radiography - Kyle.McVicar1	Outpatient Note
Date/Time: 04-Feb-2026 11:41	Organisation:	Role: AHP - GGC
Specialty: Medical Oncology		Sensitive
<p>Note:</p> <p>OTA clinic</p> <p>8/30# RTOG 1 OM 0</p> <p>James attended clinic today alone, has been coping with first weeks of RT well. Discussed information pack as didn't attend week 1 review. James has no questions on the pack, clarified he has started using flamigel TDS and saltwater rinses QDS. James queried which areas he should be covering with flamigel, advised and rationale given, James happy with this.</p> <p>Oral cavity clean and moist, advised to continue with saltwater rinses.</p> <p>James describes no pain at present.</p> <p>Still eating normal diet, feels his appetite is really high, eating mince and potatoes, rolls and square sausage, pizza. Advised to keep calories up as much as possible and rationale given.</p> <p>James has queries regarding severity of side effects, advised we would manage these weekly at clinic and contact details available if required between clinics. Availability of level 0 nurses daily discussed also and James happy with this.</p> <p>Driving himself to treatment daily currently and feels well to do so.</p> <p>Will attend clinic 1.52, strong safety net advice given and contact details reinforced.</p>		

Clinical letter - Others:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Mr Ewen Thomson
Consultant Oral & Maxillofacial Surgeon
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 201 1100
Clinical Oncology
0141 301 7060
zoe.downes@nhs.scot
24/03/2026
SS/ZD
16/03/2026
18/03/2026

Dear Mr Thomson ,

**James Patterson; D.O.B: 26/07/1966; CHI: 2607663393
3 Westwood Avenue, Ayr, Ayrshire, KA8 0QW**

Diagnosis:

HPV16+ sinonasal adenosquamous carcinoma, pT4a completely excised, pN0 cM0.

Treatment:

Postoperative radiotherapy completed on 11/03/2026.

James received postoperative radiotherapy with VMAT 60Gy in 30 fractions which was completed on 11 March 2026.

kindly ask you to review James in your follow-up clinic.

Yours sincerely

Dr Stefano Schipani MD (Ca.St.Res.)

Consultant Clinical Oncologist

Honorary Clinical Senior Lecturer

NFFU

Electronically Signed: Dr Stefano Schipani, Consultant

cc. GP

Claire McCallum/Heather Gray
Macmillan Head & Neck Cancer CNS's
Room 300 Level 3 West
Crosshouse Hospital
Kilmarnock
KA2 0BE

Clinical letter - Others:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Clinical Oncology
0141 301 7060
zoe.downes@nhs.scot
30/12/2025
SS/CC
19/12/2025
22/12/2025

Mr Ewen Thomson
Consultant Maxillofacial Surgeon
University Hospital Crosshouse
KILMARNOCK
KA2 0BE

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Mr Thomson,

James Patterson; D.O.B: 26/07/1966; CHI: 2607663393
53 Westwood Avenue, Ayr, Ayrshire, KA8 0QW

Diagnosis:

HPV 16+ sinonasal adenosquamous carcinoma; pT4a completely excised, pN0 (0/64) cMO.

Oncological History:

In July 2024, James noticed swelling on the right side of the bridge of the nose. He had surgery on the 7th of October and the 18th of November 2025. He was referred for postoperative radiotherapy.

Performance status zero, asymptomatic, no weight loss.

Physical Examination:

Surgical bed in order. No palpable adenopathy.

Past Medical History:

Nil.

Drug History:

See Clinical Portal.

Social History:

He lives with his wife. Is a retired ex-roofer. Smoker five pack years. Drinker fifteen units per week.

Investigations:

Pathology 7th of October and 18th of November.

CT scan 16th of June.

MRI 6th of October.

Opinion and Proposed Treatment:

I met with James and his wife. I discussed diagnosis, pathological staging and indication for postoperative radiotherapy. James is aware of the possible early and late complications related to treatment and is happy to go ahead. He will receive VMAT 60Gy in 30#. I contacted Mr Thomson to confirm that margins are clear. Also James has titanium plates and this should be compatible with the radiotherapy treatment.

Yours sincerely,

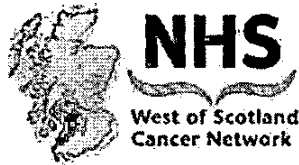
Dr Stefano Schipani

Consultant Clinical Oncologist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Stefano Schipani, Consultant

cc. Claire- Ann McCallum
Macmillan Head & Neck Cancer, CNS
University Hospital Crosshouse
KILMARNOCK
KA2 0BE



FOR GP INFORMATION ONLY

Regional South Head and Neck MDT : 12-12-2025 0800

Dear SIMON FARRELL ; 80109

The following patient was discussed at our MDT meeting:

Name: James Patterson	DoB: 26/07/1966	CHI: 2607663393
Address 53 Westwood Avenue Ayr Ayrshire KA8 0QW	Consultant in Charge: Ewen Thomson Email: ewen.thomson@aapct.scot.nhs.uk	

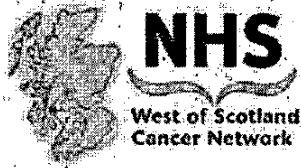
Referral information and outcome of MDT review determined the following, at this time:

Tumour Site: Nasal Cavity	Reason for Referral to MDT: Review - further investigations	
Tumour Type:	Tumour Grade:	Stage: T4a N0 M0

MDT Outcome: Oncology review to assess for adjuvant treatment. Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient declined Treatment: No	Immediate Treatment Intent: Curative as specified by H&N MDT
Patient Aware of Diagnosis: Yes	Patient Capacity to Understand (Diagnosis/Prognosis): Yes
Ongoing Management by: Oncology	

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.



FOR GP INFORMATION ONLY

Regional South Head and Neck MDT : 14-11-2025 0800

Dear Simon Farrell ; 80109

The following patient was discussed at our MDT meeting:

Name: James Patterson	DoB: 26/07/1966	CHI: 2607663393
Address 53 WESTWOOD AVENUE Ayr KA8 0QW	Consultant in Charge: Ewen Thomson Email: ewen.thomson@aapct.scot.nhs.uk	

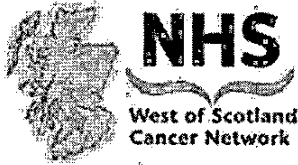
Referral information and outcome of MDT review determined the following, at this time:

Tumour Site: Nasal Cavity	Reason for Referral to MDT: Review - post-surgery	
Tumour Type:	Tumour Grade:	Stage: T4a N0 M0

MDT Outcome: Sinonasal adenosquamous carcinoma. Consider marginal excisions and then adjuvant radiotherapy. CNS: Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient declined Treatment: No	Immediate Treatment Intent: Curative as specified by H&N MDT
Patient Aware of Diagnosis: Yes	Patient Capacity to Understand (Diagnosis/Prognosis): Yes
Ongoing Management by: OMFS	

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.



FOR GP INFORMATION ONLY

Regional South Head and Neck MDT : 26-09-2025 0800

Dear SIMON FARRELL ; 80109

The following patient was discussed at our MDT meeting:

Name: James Patterson	DoB: 26/07/1966	CHI: 2607663393
Address 53 WESTWOOD AVENUE Ayr KA8 0QW	Consultant in Charge: Ewen Thomson Email: ewen.thomson@aapct.scot.nhs.uk	

Referral information and outcome of MDT review determined the following, at this time:

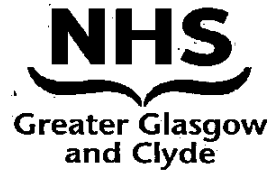
Tumour Site: Nasal Cavity	Reason for Referral to MDT: Review - further investigations	
Tumour Type: HPV-related multiphenotypic sinonasal carcinoma	Tumour Grade:	Stage: T4a N0 M0

MDT Outcome: For primary surgery - rhinectomy, bilateral neck dissections and prosthesis, anticipating adjuvant radiotherapy. MDT supports MRI pre op if time allows. CNS: Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501

Patient declined Treatment: No	Immediate Treatment Intent: Curative as specified by H&N MDT
Patient Aware of Diagnosis: Yes	Patient Capacity to Understand (Diagnosis/Prognosis): Yes
Ongoing Management by: OMFS	

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division



Date Printed: 05/08/2025

Private & Confidential

Dr Simon Farrell
Cathcart Street Practice
8 Cathcart Street
Ayr
KA7 1BJ

Robert Nicolson

www.nhs.org.uk

Dear Dr Farrell,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: James Patterson **CHI:** 2607663393 **CRN:**

Address: 53 Westwood Avenue, Ayr, KA8 0QW

Consultant: Thomson Ewen

MDT Meeting: Regional Skin Cancer MDT

Date of MDT Review: 05/08/2025

Reason for Referral: Imaging and Pathology review

Outcome of MDT Review:

For further information please contact Robert Nicolson.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Date Printed: 05/08/2025

Radiology

CT Head 17.07.25 & CT Abdo/Pelvis 17.07.2025- No intracranial or subdiaphragmatic metastatic disease.

CTG Neck/Chest 16.06.25- Soft tissue thickening and focal area of ulceration involving the nasal bridge just left of the midline as explained above. Malignancy would need to be ruled out. The differential also includes an inflammatory process. If malignancy is proven, there is no evidence of local lymphadenopathy or distant metastasis. Please note that there is no evidence of naso-pharyngeal tumour.

Radiology review at MDT

Indeterminate right level 2 node - U/S guided biopsy suggested

Pathology

Pathology awaited

Plan/Recommendation

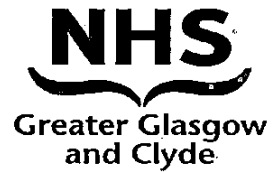
Awaiting pathology. U/S guided biopsy on right level 2 neck node (key image on CT)

For further information please contact Robert Nicolson.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

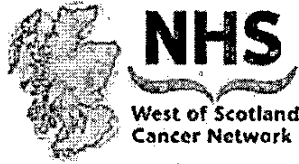
**NHS Greater Glasgow & Clyde
Acute Services Division**

Date Printed: 05/08/2025



For further information please contact Robert Nicolson.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.



FOR GP INFORMATION ONLY

Regional South Head and Neck MDT : 01-08-2025 0800

Dear SIMON FARRELL ; 80109

The following patient was discussed at our MDT meeting:

Name: JAMES PATTERSON	DoB: 26/07/1966	CHI: 2607663393
Address 53 WESTWOOD AVENUE AYR KA8 0QW	Consultant in Charge: Ewen Thomson Email: ewen.thomson@aapct.scot.nhs.uk	

Referral information and outcome of MDT review determined the following, at this time:

Tumour Site: Ill-Defined Site (C76.0)	Reason for Referral to MDT: Initial referral for treatment planning	
Tumour Type:	Tumour Grade:	Stage:

MDT Outcome: Awaiting further Glasgow pathology review and for further imaging. Rediscuss. CNS: Ayrshire & Arran Team: Claire-Ann McCallum/Heather Gray, Crosshouse Hospital, 01563 545 501
--

Patient declined Treatment: No	Immediate Treatment Intent: Pending as specified by H&N MDT
Patient Aware of Diagnosis: Yes	Patient Capacity to Understand (Diagnosis/Prognosis): Yes
Ongoing Management by: OMFS	

PATTERSON, JAMES	Sex: Male	DoB: 26-Jul-1966	CHI: 2607663393
53 WESTWOOD AVENUE AYR KA8 0QW			

BOC Radiotherapy

To:

1st Modality - Radiotherapy
Beatson West of Scotland Cancer Centre
1053 Great Western Road
Glasgow
G12 0YN

From:

Stefano Schipani (Consultant GMC: 7052058)
Clinical Oncology
Beatson West Of Scotland Cancer Centre
1053 Gt Western Road
Glasgow
G12 0YN

Patient's Consultant: Stefano Schipani

Sent: 19-Dec-2025 11:44:31

Subject: Radiotherapy Booking Referral

Radiotherapy Booking Referral

General Information

Patient Information

Patients Consultant :	Stefano Schipani
Appointment required for consent? :	No - consent form to follow
Diagnosis :	Head&Neck, sinonasal adenosquamous ca pT4
Radiotherapy Booking Priority :	Radical
Radiotherapy 1st mode of treatment? :	Yes
Decision to treat date :	19-Dec-2025
Ready to treat date :	19-Dec-2025
Delay to Treatment Start? :	No
IP stay required for Planning? :	No
IP stay required for Treatment? :	No
CARDIAC DEVICE / PACEMAKER :	No

Infection hazard :	<i>No</i>
Any other additional support needs :	<i>No</i>
Interpreter :	<i>No</i>
Hotel Required? :	<i>No</i>
Transport Required? :	<i>No</i>

Planning Information

Previous radiotherapy :	<i>No</i>
Clinical Trial? :	<i>No</i>
Chemotherapy: Concurrent? :	<i>No</i>
Scan prior to simulator session? :	<i>No - patient cannot be scanned</i>
Authorised per OSMP? :	<i>Yes - Authorised as per the Oncology Supportive Medicines Policy</i>
Prostate Seed Marker Clinic? :	<i>No</i>
Head and Neck Shell :	<i>Yes</i>
Additional Requirements :	<i>Please call Dr Schipani for wiring</i>
CT :	<i>Yes</i>
4DCT :	<i>No</i>
Out of protocol? :	<i>No</i>
IV contrast :	<i>Yes</i>
Previous history kidney problems? :	<i>No</i>
History of Renal Failure/Transplant :	<i>No</i>
Are they diabetic? :	<i>No</i>
Are they taking Metformin? :	<i>No</i>
eGFR date :	<i>11-Oct-2025</i>
eGFR ml/min :	<i>>60</i>
Any additional comments :	<i>EGFR repeated on 19/12</i>
Oral Contrast required? :	<i>No</i>
MV Imaging :	<i>No</i>
kV/kV Imaging :	<i>No</i>
Cone Beam Imaging :	<i>Yes</i>
	<i>Nasal titanium (?) plates. Dr Schipani asked Mr Thomson to confirm.</i>

Additional On-treatment comments :	
RT Other Treatment Information	
RT other than breast :	<i>Yes</i>
Treatment site 1 :	<i>Nasal cavity</i>
Energy1 :	<i>Photons</i>
Side Room Planning 1 :	<i>No</i>
Eclipse Planning 1 :	<i>Physics</i>
Laterality 1 :	<i>N/A</i>
Dose1 (cGY) :	<i>6000</i>
Any setup or planning information 1 :	<i>VMAT</i>
Total Number of fractions1 :	<i>30</i>
Number of fractions per week1 :	<i>5</i>
Brachytherapy :	<i>No</i>

**Immediate Discharge and
Medicine Prescription Form - Confidential**

Hospital Name:
Telephone: WOSCC
(Please complete above)

Ref. No: **556955**



Name of GP: _____
Surgery/Health Centre: _____
Patient: James Patterson
Address: 53 Westwood Ave
Post Code: K89 0AW
DOB: 1/1/ Unit no: _____
Weight: _____ CHI no: 2607066393
Reason for Admission, Diagnosis: _____
Treatment, Investigations, Operations: _____
Complications: _____

Ward: _____ Tel: _____
Consultant: _____
Named Nurse: _____
Specialty: _____
Admission date: 1/1/
Mode of admission: Elective Emergency Transfer
Source of Admission: _____
Discharge date: 1/1/

NURSE TO COMPLETE
Out Patient appointment date: _____
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District-Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home: _____

WARD USE ONLY
Medication Rec. on Ward by: _____
Checked against kardex: _____
Issued by: _____ Date: _____
Signature of Recipient: _____
All known drug sensitivities / adverse reactions: _____

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION					Other times	Course length
					am 8	md 12	pm 2	pm 6	pm 10		
		<u>Flucanazole</u>	<u>100mg</u>	<u>100mg</u>	<input checked="" type="checkbox"/>						<u>2/27</u>
		<u>Chloramphenicol</u>	<u>drops</u>	<u>100mg</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		<u>Please supply for</u>	<u>(B) + (V)</u>	<u>eyes</u>							

PHARMACY USE ONLY
Clinical Pharmacy Check Professional Check
Quantity supplied: _____ Dispensing Details: _____
1 x 5ml 1% eye
2 x 10ml 1% eye
Dispensed by: [Signature] Date: 11/05/26
Checked by: [Signature]
Non-childproof containers required: Yes No
Medicine compliance aids required: Yes No
Specify: _____
Medication Collected by: _____

Medicines Discontinued: _____ Reason if known e.g. side effect: _____
Other Information: 4x/day as directed - [Signature]

Prescribers name: F Campbell Signature: [Signature] Date: 11/3/26
Designation: CNS Pager number: 5221

Immediate Discharge and
Medicine Prescription Form - Confidential

Hospital Name: Wojc
Telephone: Wojc
(Please complete above)

Ref. No: 540659
13.14 Staff



Name of GP _____
Surgery/Health Centre _____
Patient: James Robertson - Fix ID label to all 4 copies
Address: 53 Westwood Ave
Ayr Post Code: KA8 0QW
DOB: 1/1 Unit no: _____
Weight: _____ CHI no: 2601663393
Reason for Admission, Diagnosis: _____

Ward: _____ Tel: _____
Consultant: _____
Named Nurse: _____
Specialty: _____
Admission date: 1/1
Mode of admission: Elective Emergency Transfer
Source of Admission: _____
Discharge date: 1/1
Treatment, Investigations, Operations _____
Complications _____

NURSE TO COMPLETE
Out Patient appointment date: _____
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home: _____
WARD USE ONLY
Medication Rec. on Ward by: _____
Checked against kardex: _____
Issued by: _____ Date: _____
Signature of Recipient: _____
All known drug sensitivities / adverse reactions: _____

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION					Other times	Course length
					am 8	md 12	pm 2	pm 6	pm 10		
		<u>Chloramphenicol eye drops</u>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<u>752</u>
		<u>Please supply for (R) + (L) eyes</u>									

PHARMACY USE ONLY
Clinical Pharmacy Check Professional Check
Quantity supplied: 2 x 10ml
Dispensing Details: (no tinclate)
Dispensed by: NE Date: 05/03/26
Checked by: TC/SABA
Non-childproof containers required: Yes No
Medicine compliance aids required: Yes No
Specify: _____
Medication Collected by: _____

Medicines Discontinued: _____ Reason if known e.g. side-effect: _____ Other Information: Thurs 5th March
Prescribers name: F Campbell Signature: [Signature] Date: 4/3/26
Designation: CRS Pager number: 3221

Discharge and
Medicine Prescription Form - Confidential

Hospital Name: BWOSCC
Telephone: _____
(Please complete above)

Ref. No: 540654
11-28 

Name of GP _____
Surgery/Health Centre _____
Patient: James Patterson
Address: 53 Westwood Ave
Ayr
Post Code: KA8 0QW
DOB: 1/1 Unit no: _____
Weight _____ CHI no: 2607663393

Ward: _____ Tel: _____
Consultant: _____
Named Nurse: _____
Specialty: _____
Admission date: 1/1
Mode of admission: Elective Emergency Transfer
Source of Admission _____
Discharge date: 1/1

NURSE TO COMPLETE
Out Patient appointment date: _____
Diagnosis informed (circle) Patient: _____ Relative: _____
Circle support services set up:
District Nurse _____ Home Help _____ Health Visitor _____
Oncology referral Hospice: day care OR home care _____
Discharge address if not home: _____

Reason for Admission, Diagnosis _____
Treatment, Investigations, Operations _____
Complications _____

WARD USE ONLY
Medication Rec. on Ward by: _____
Checked against kardex: /
Issued by: _____ Date: _____
Signature of Recipient: _____
All known drug sensitivities / adverse reactions: _____

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION					Other times	Course length
					am 8	md 12	pm 2	pm 6	pm 10		
		<u>Co-codamol</u>	<u>30/500tblts</u>	<u>XL</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<u>incl</u>
		<u>Fluorouracil</u>	<u>tab</u>	<u>50mg</u>	<input checked="" type="checkbox"/>						<u>257</u>
		<u>Lactulose</u>	<u>Liq</u>	<u>100ml</u>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<u>incl</u>

PHARMACY USE ONLY

Quantity supplied	Dispensing Details
<u>100 x 30/500</u>	<u>Bristol</u>
<u>14 x 50mg</u>	<u>Milpharm</u>
<u>1 x 300ml</u>	<u>Sandoz</u>

Medicines Discontinued _____ Reason if known e.g. side effect _____
Other Information: Max paracetamol dose

Dispensed by: [Signature] Date: 25/02/26
Checked by: _____
Non-childproof containers required: Yes No
Medicine compliance aids required: Yes No
Specify: _____

Prescribers name: F Campbell Signature: [Signature] Date: 25.2.26
Designation: CNS Pager number: 572

Medication Collected by: _____

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name:
 Telephone:
 (Please complete above)

Ref. No: **549133** *31* **NHS**
 Greater Glasgow and Clyde

Name of GP: _____
 Surgery/Health Centre: _____
 Patient: James Patterson
 Address: _____
 Post Code: _____
 DOB: 26.1.66 Unit no: _____
 Weight: _____ CHI no: 2607663393
 Reason for Admission, Diagnosis: _____
 Treatment, Investigations, Operations: _____
 Complications: _____

NURSE TO COMPLETE
 Out Patient appointment date:
 Diagnosis informed (circle) Patient Relative
Circle support services set up:
 District Nurse: _____ Home Help: _____ Health Visitor: _____
 Oncology referral: Hospice: day care OR home care
 Discharge address if not home: _____
WARD USE ONLY
 Medication Rec. on Ward by: _____
 Checked against kardex: _____
 Issued by: _____ Date: _____
 Signature of Recipient: _____
 All known drug sensitivities / adverse reactions: _____

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION					Other times	Course length
					am 8	md 12	pm 2	pm 6	pm 10		
<input checked="" type="checkbox"/>		paracetamol	tab	1g	✓	✓					7 days
<input checked="" type="checkbox"/>		flucanazole	tab	50mg	✓						14 days
<input checked="" type="checkbox"/>		saline 0.9% (neb)	eye drops		✓	✓			both eyes		5 days
		chloramphenicol	eye drops		✓	✓			both eyes		5 days

PHARMACY USE ONLY
 Clinical Pharmacy Check Professional Check
 Quantity supplied: _____ Dispensing Details: _____
 Dispensed by: SMC Date: 11/2/26
 Checked by: SMC
 Non-childproof containers required: Yes No
 Medicine compliance aids required: Yes No
 Specify: _____
 Medication Collected by: _____

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: J Tymoczynski Signature: _____ Date: 11.2.26
 Designation: HN CNS Pager number: 15184

Review images at MDT

Performed	31-Jul-2025 14:40	Received	05-Aug-2025 08:18
Reported	05-Aug-2025 08:16	Order Number	G405H42512507
Status	Final	Source System	MiSys

Review images at MDT

Final

James Patterson**Clinical History :**

Radiology CT Head 17.07.25 & CT Abdo/Pelvis 17.07.2025-
No intracranial or subdiaphragmatic metastatic disease.

CTG Neck/Chest 16.06.25- Soft tissue thickening and focal area of ulceration involving the nasal bridge just left of the midline as explained above. Malignancy would need to be ruled out. The differential also includes an inflammatory process. If malignancy is proven, there is no evidence of local lymphadenopathy or distant metastasis. Please note that there is no evidence of naso-pharyngeal tumour.

Pathology biopsy left bridge of nose 04.06.25- Malignant tumour with glandular differentiation.
MAML2 REARRANGEMENT NOT DETECTED.
Plan/Recommendation

Review images at MELANOMA MDT 05/08/2025:

CT 17/07/2025 - pre and post contrast enhanced CT head and abdomen pelvis. Neck not covered. Agree no intracranial or subdiaphragmatic metastases.

CT neck and thorax 16/06/2025 - agree with report - left nasal bridge ulceration/I note this is a biopsy site.

No lung metastasis.

Right level 2 lymph node measuring 1.4 x 0.9cm - discussed with ENT radiologist. recommend US biopsy of this indeterminate node.

outcome

- await pathology
- Us biopsy right level 2 neck node as discussed with ENT radiologist.

Reported by: Dr Sarah MacPherson**Verified by:** Dr Sarah MacPherson